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20277 7590 10/07/2004

MCDERMOTT WILL & EMERY LLP
 600 13TH STREET, N.W.
 WASHINGTON, DC 20005-3096



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(Depositor's name)
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CUSTOMER NO.: 20277

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/536,762	03/28/2000	Akio Yamanishi	44319-051	5310

TITLE OF INVENTION: TRANSCUTANEOUS BILIRUBIN CONCENTRATION MEASURING APPARATUS AND A MEASUREMENT DATA CHECKING PLATE FOR USE WITH THE SAME

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370 14.00	\$0	\$1370 14.00	01/07/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
KREMER, MATTHEW J	3736	600-315000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 MCDERMOTT WILL &
 2 EMERY LLP
 3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

MINOLTA CO., LTD.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

OSAKA, JAPAN

12/21/2004 SFELEKE2 00000147 500417 09536762
 FC:1501 1400.00 DA
 02 FC:8001 12.00 DA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies Four

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- ☐ A check in the amount of the fee(s) is enclosed.
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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 500417 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Gene Z. Rubinson

Typed or printed name Gene Z. Rubinson

Date 12/21/2004

Registration No. 33,351

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